

**Minutes of the Public Trust Board Meeting held virtually on
Thursday 25 March 2021 at 10.00am**

Present:

Michele Romaine	Trust Chair	Evelyn Barker	Chief Executive
Tim Gregory	Non-Executive Director	Karen Brown	Chief Operating Officer
Kelvin Blake	Non-Executive Director	Helen Blanchard	Director of Nursing & Quality
John Everitt	Non-Executive Director	Chris Burton	Medical Director
Kelly MacFarlane	Non-Executive Director	Neil Darvill	Director of Informatics
Richard Gaunt	Non-Executive Director	Glyn Howells	Chief Finance Officer
John Iredale	Non-Executive Director	Jacqui Marshall	Director of People & Transformation
Ade Williams	Associate Non-Executive Director	Simon Wood	Director of Estates, Facilities & Capital Planning
LaToyah McAllister-Jones	Associate Non-Executive Director		

In Attendance:

Xavier Bell	Director of Corporate Governance & Trust Secretary	Isobel Clements	Senior Corporate Governance Officer & Policy Manager (<i>minutes</i>)
Nura Aabe	Sirona Non-Executive Director, shadowing		

Presenters:

Emily Ayling	Patient Experience Manager (present for minute item 07)	Liz Perry	Director of People (present for minute item 10)
Hilary Sawyer	Lead Freedom to Speak Up Guardian (present for minute item 08)	Guy Dickson	Director of People Strategy (present for minute item 10)

Observers: Due to the impact of Covid-19, the Trust Board met virtually via MS Teams, but was unable to invite people to attend the public session. Trust Board papers were published on the website and interested members of the public were invited to submit questions in line with the Trust's normal processes. A recording of the meeting was published on the website until it was replaced by the following meeting recording (two months later).

TB/21/03/01	Welcome and Apologies for Absence	Action
	Michele Romaine, Trust Chair, welcomed everyone to NBT's Trust Board meeting in public. No apologies had been received.	
TB/21/03/02	Declarations of Interest	
	There were no declarations of interest, nor updates to the Trust Board register of interests as currently published on the NBT website and annexed to the Board papers.	
TB/21/03/03	Minutes of the previous Public Trust Board Meeting	
	RESOLVED that the minutes of the public meeting held on 28 January 2021 be approved as a true and correct record subject to the amendment received by Director of Estates, Facilities & Capital Planning regarding the Green Plan on page 4.	

TB/21/03/04 Action Log and Matters Arising from the Previous Meeting

It was proposed that Action 19 be closed as Su Monk, Deputy Director of Nursing & Quality would continue lead the Patient/Staff stories until the new Patient Experience Lead started in May 2021.

Re Action 22, conversations were progressing regarding Non-Executive Director's return to the hospital site following the pandemic.

No matters arising were raised.

RESOLVED that updates on the Action Log were noted.

TB/21/03/05 Chair's Business

Board & Committee Effectiveness Review 2021

Michele Romaine, Trust Chair, informed the Board that a comprehensive review of Board and Committee effectiveness would be initiated in May/June 2021. A wholesale review of Committee structures was undertaken in January 2019, and the Board had reviewed and approved various Committee self-evaluations during 2019 and 2020. Trust Board effectiveness was also discussed as part of the Board development programme in November 2019 and some changes to how Private Trust Board was approached were made as a result. Michele was confident that the Board had properly considered effectiveness as a group over the last 12 months; however it had not been a priority during the Covid-19 pandemic, and it had not been a normal operating year, with many Committees stood down in line with national guidance.

The May/June review would also allow for the Trust's new Chief Executive to be involved. The approach would be agreed with Xavier Bell, Director of Corporate Governance, and input would be sought from all Board Members.

NHS Providers Chief Executive Seminar

Michele described a seminar led by Chris Hopson, NHS Providers Chief Executive, that included presentations from senior NHS leaders such as Amanda Pritchard, NHSE/I Chief Operating Officer. The seminar focussed on how the NHS should recover following the pandemic including concerns regarding referral rates and staff well-being.

RESOLVED that the Chair's briefing be noted.

TB/21/03/06 Chief Executive's Report

Evelyn Barker, Chief Executive, presented the Chief Executive's report and raised the following points:

- It was noted that a national, negative, CQC report into Do Not Resuscitate (DNR) forms used in hospitals throughout the pandemic had recently been published. BNSSG had taken part in the review and CQC feedback was positive: The ReSPECT form had been well adopted across the system and a strong commitment to supporting vulnerable patients who presented to hospital during the pandemic had been evident;

- On the year anniversary of the first lockdown, NBT had observed a minute's silence to remember those who had died from Covid-19;
- Evelyn thanked the public in their efforts to support the Trust through gifts and donations. Particularly, the family business Jolly Hog was thanked for donating an unbelievable 50,000 bacon and vegan butties for NBT staff throughout the pandemic. Jolly Hog's last day on-site would be Friday 26 March;
- Evelyn corrected a typo in the report regarding genomics: it was the '100,000 genomics project' not '500,000';
- Evelyn also thanked the Non-Executive Directors (NEDs) for their involvement in consultant interviews over the past year – 36 new consultants had been appointed.

Queries and comments from the Board were as follows:

- Kelvin Blake, NED, noted the disability charity he chaired had received an excellent, proactive response from NBT (via Chris Burton, Medical Director) re a DNR letter sent on behalf of the charity to healthcare providers in the region;
- Tim Gregory, NED, noted the new Associate Joint Director of Research (NBT/UHBW) role was a helpful appointment to enable a joint approach but queried if bodies across the system were aligned re developing research priorities. John Iredale, NED, responded that the bodies were aligned as research was included in many consultant's job plans and the university research departments were organised into research streams related to NHS challenges. There was also a strong pipeline of PhD roles linking Universities and Trusts across the region;
- Chris Burton agreed that the above role would increase leverage and be helpful in coordinating research programmes across both acute Trusts. The Acute Services Review Programme Board was also looking at research opportunities to facilitate equitable access of services for patients, irrespective of which Trust their healthcare journey began in. In addition, it was also noted that NBT's Quality Improvement Team had built a strong network across the system to share improvements;
- LaToyah McAllister-Jones, Associate NED, commended the vaccination programme progress but requested a specific update regarding underserved communities. Chris Burton responded that a full update would be provided to Private Board but that a huge amount of work with a local approach was taking place; encouraging vaccination from within communities through word-of-mouth and social media. Though expensive, there was good evidence the system's pilot 'roving model' was enabling vaccination of hard-to-reach communities. For example, Evelyn anecdotally added that she had spoken to a BAME respiratory consultant who had helped deliver 500 vaccinations at a Mosque over the weekend;
- Ade Williams, Associate NED, thanked the Executive Directors for their hard work and leadership throughout the pandemic. Ade also queried when the Board expected to see reports regarding delays and recovery and if any additional leadership resource was required as the Trust moved out of Command & Control structures. It was responded that these queries would be covered under the Renew and Recover agenda item later in the meeting.

RESOLVED that the Chief Executive's briefing was noted.

Emily Ayling joined the meeting

TB/21/03/07 Staff/ Patient Story - Mike's Story: a personal experience

{Slides distributed with following papers}

Helen Blanchard, Director of Nursing & Quality, introduced Emily Ayling, Patient Experience Manager, who provided the Board with a recent patient story related to Covid-19. Emily played Mike's voice note to the Board which covered his attendance at hospital due to Covid-19, his positive experience in the hospital (specifically excellent food and treatment from all staff), and his more negative experience following discharge re the gap in support for those suffering with after-effects of the illness.

Background, learning and actions, and acknowledgment of good practice from Mike's story were described within the presentation. Key learning points actioned following Mike's feedback included a focus on training re staff communication with patients within the medicine division and strengthening understanding between primary and secondary care.

During the ensuing discussion the following points were noted:

- Michele Romaine requested the Board's thanks be passed on to Mike for sharing his story. Michele stated she had been happy to hear Mike's appreciation of *all* staff involved in his care from porters to cleaners to catering staff. Michele also noted the impact one word (e.g. 'rejected') can have on a person especially at their most vulnerable, and how important staff communication training was;
- Tim Gregory, NED, noted it was especially helpful to hear from a patient who also had experience of working in the healthcare sector. Tim reiterated the communication issue and further highlighted that Mike's story represented the system's biggest challenge: when a patient falls between services. The system would need to continue to work on this, specifically in relation to post-Covid-19 support;
- John Iredale stated concern that NHS services did not extend to the level of support required by those who were profoundly emotionally and mentally affected by their experience of having a life-threatening illness;
- Kelly MacFarlane, NED, queried how Mike's story would be shared across the Trust to provide positive feedback and an opportunity to reflect. Emily Ayling responded that the story originated from the Divisional Patient Experience meeting which all divisional patient experience leads attended. Emily O'Hara, Divisional Director of Nursing for Medicine, was taking forward learning in terms of training for language used/staff communication within the Medicine Division. The aim was to expand this to other divisions in the future;
- Kelvin Blake reflected than many patients would not have the confidence to push-back to clinicians as Mike was able to do when

he experienced a negative clinician interaction. Kelvin suggested Mike's story could be used to help highlight to staff to remain kind and professional even when under pressure;

- Richard Gaunt, NED, queried if other patient feedback supported themes from Mike's Story. Helen Blanchard confirmed that a thematic overview of Covid-19 patient feedback would be included in the Annual Patient Experience Report;
- Neil Darvill, Director of Informatics, noted it was reassuring to hear of the high quality of care provided at NBT but noted that Mike's story highlighted issues when patients transferred between organisations. Neil noted that quality of care for patients through their whole journey would need to be prioritised as the system moved into an Integrated Care System (ICS);
- Evelyn Barker highlighted that though acute providers were now exiting the most recent wave of Covid-19, primary care were beginning to experience the wave re supporting long-Covid-19 sufferers. It was also noted that the emotional and psychological impact of Covid-19 was expected to last for a long time;
- Chris Burton emphasised the continued impact of Covid-19 on patients who had physically recovered. More support at time of discharge had been highlighted in Mike's Story and within patient feedback as part of the stroke programme. Chris noted that the ICS would need to ensure primary care felt confident in supporting patients following discharge from acute care.

RESOLVED that the Board thanked Mike for his story and thanked Emily Ayling for the important conversation. Helen Blanchard noted that thematic review of Covid-19 patient feedback would be included in the Annual Patient Experience Report.

HB

Emily Ayling left the meeting

TB/21/03/08

Freedom to Speak Up (FTSU) Self-Review Tool

Xavier Bell presented the FTSU Self-review Tool which provided an opportunity for the Board to reflect on FTSU and Just Culture progress.

The Trust showed partial compliance across several headings which provided a snapshot of where the Trust was in its journey. In order to support FTSU work, the Board would be asked to build into their comms additional commitments regarding civility, Just Culture and speaking up. The Board agreed that as individual Board members, it was important to show support for FTSU wherever possible.

Hilary Sawyer, FTSU Lead, presented the ongoing work and next steps to refresh the FTSU network including training and opportunities for FTSU guardians, policy refreshment, launching of a FTSU vision and spreading the ethos and culture of speaking up throughout NBT.

The Trust's latest FTSU index score was average for acute trusts but NBT aspired to be one of the highest performing trusts. The focus for

improvement of NBT's index score would be to reduce the number of concerns raised anonymously at the Trust.

It was established that FTSU work was not occurring in isolation and that it would be included in the Just Culture work alongside the Equality, Diversity & Inclusion (EDI) agenda and Staff Survey work.

During the ensuing discussion the following points were noted:

- Kelly MacFarlane and John Everitt, NED, requested assurance regarding clarity of the success criteria for FTSU and a route map for achieving said success. It was responded that an immediate priority was to ensure the FTSU network was representative of the organisation and that Guardians felt supported to carry out their roles confidently. Definition of specific measures of success and actions to deliver was in progress but success criteria would likely be situated around reducing numbers of anonymous concerns raised;
- Jacqui Marshall, Director of People & Transformation, noted the People Data Dashboard being developed would include the FTSU index score alongside other People data such as grievances and staff survey results;
- Helen Blanchard suggested that the FTSU process in the paper may be too formal for staff communications and that it did not reflect the Guardian's role re signposting and encouraging managers to resolve issues. Xavier Bell clarified that the process presented was an internal FTSU tool for Guardians re how data and concerns were handled rather than for staff communication;
- Simon Wood, Director of Estates, Facilities and Capital Planning, stated that he had recently engaged with a member of staff through the FTSU and had received positive feedback on the process and its constructive influence.

RESOLVED that the Board:

- **Reviewed, discussed and endorsed the Trust Board FTSU self-review;**
- **Noted the ongoing work to refresh the Trust's FTSU vision, structure and network which would be revisited in May 2021 with the FTSU Annual Report;**
- **Agreed anonymous concerns should be the exception rather than the norm and committed as a Board to the overarching ambition of FTSU and Just Culture.**

Karen Brown, Chief Operating Officer, presented the 'Renew and Recover' Framework that had been collaboratively developed within the organisation alongside business planning and across executives and DMTs. The Framework covered the elective care recovery programme, outpatients, looking after our people, supporting innovation and enhancing dialogue.

The Board's attention was brought to key learning from the pandemic which would continue to be implemented particularly over winter. This included positive staff feedback re communication, inclusion, and modelling used to inform decisions at crucial points.

It was noted that the Elective plan would be brought to Board following receipt of national planning guidance. However, the Board was assured that NBT had elective beds available.

Jacqui Marshall updated the Board on the innovation and People aspect of Renew and Recover including staff well-being, lessons learnt, developing a sense of belonging, staff development and empowerment, and increasing dialogue to really listen to staff.

During the ensuing discussion the following points were noted:

- Kelly MacFarlane agreed with the paper's initiatives and outlined the following queries and requests, which would be responded to offline:
 1. How does NBT retain the best elements of Covid-19 ways of working and get staff back to normality and functional roles?
 2. Requested the key themes from the Outpatient survey (point 4.6. in paper) be presented to Board;
 3. Queried NBT's ambition in terms of numbers for apprenticeships and the Kickstart scheme (point 5.9);
 4. What Board support was required to champion innovation?
 5. Requested a question be included in Pulse Surveys re extent to which staff felt collaborative work continued post-pandemic.
- John Everitt highlighted the importance of committing to returning to Service Line Management (SLM) but queried how and when the Trust would prioritise recovery aims in order to plot trajectories for performance and staff well-being with the limited resources. It was responded that priorities and trajectories would be confirmed once finances and planning guidance was provided by the national team. This would be brought to the next Board meeting;
- Richard Gaunt queried who was responsible for procuring the Digital Patient Platform and providing delivery timescales re outpatients (4.5). Neil Darvill responded that the transformation project belonged in the STP (Healthier Together) and that it aimed to put the patient at the centre of their care. Healthier Together had begun to obtain a digital solution and Neil would bring updates to Board when appropriate;
- Ade Williams queried how NBT planned to bridge the health inequality and staff experience gap known to exist for BAME staff following completion of Covid-19 staff risk assessments. Jacqui

Marshall responded that she encouraged candid conversations on the topic and that NBT was involved with/ leading several initiatives:

- Providing various well-being options to support staff throughout the pandemic and post-pandemic;
- Equality, Diversity & Inclusion work with the system and the council in terms of health and social inequality;
- The system was one of five National 'Youth Pathways Finders' to encourage health conversations re wellbeing and careers in health;
- NBT had launched 'Valuing You' within the Trust for reciprocal mentoring for staff, beginning with executives.
- Tim Gregory praised the comprehensive paper covering a wide range of issues but noted the importance of moving the framework away from being a separate entity and into business as usual as soon as possible, particularly regarding staff well-being processes.

RESOLVED that the Board noted the 'Renew and Recover' Framework Update report and expected an update at next Board following national confirmation of finance and planning guidance. Karen Brown and Jacqui Marshall would respond to Kelly MacFarlane's above queries offline.

KB/JM

TB/21/03/10 Staff Survey Report

Liz Perry, Director of People, and Guy Dickson, Director of People Strategy, presented the Staff Survey 2020 Results Headlines Report which was broadly positive as the Trust was now nearly above the national average for large acute Trusts. Specifically, NBT was better than average for patient care and as a place to work, with strong improvement in health and wellbeing, bullying / violence, and workload / resources. Having said this, management, quality of care, and inclusion were areas of deterioration.

It was noted that the Trust would continue with priorities as listed in the paper. Divisional planning and conversations were also taking place and would feed into the Renew and Recover work. Further Staff Survey results would be received shortly including answers to Covid-19-specific questions.

During the ensuing discussion the following points were noted:

- Michele Romaine queried if any results had surprised the People Team. Guy Dickson responded that the management results were disappointing but not surprising as the Leadership Programme had been paused during the pandemic and staff had been redeployed. Liz Perry noted the Just Culture initiatives were a great opportunity to improve future Staff Survey results;
- After a query, it was confirmed that the 'management' questions related to immediate line managers;
- John Everitt queried the process behind investigation into areas of concern raised by the Staff Survey Results. In response, Guy stated

that the roll-out of Voice Strategy would allow investigation into reasons behind Staff Survey results and areas of concern.

RESOLVED that the Board:

- **Acknowledged the major achievement in increased engagement from 41% to 51% over the last two years and thanked the People Team for their role in this;**
- **Discussed the key findings in the Staff Survey 2020 Results Headline Report and endorsed the four 2021 themes for action.**

TB/21/03/11 Integrated Performance Report

Evelyn Barker, Chief Executive, presented March's Integrated Performance Report (IPR) presenting February data and January cancer metrics. It was noted that ambulance handovers and ED performance had improved.

Karen Brown, Chief Operating Officer, highlighted the key operational performance elements of the IPR as follows:

- **ED** – NBT had begun recovery work; stranded patient numbers had reduced but complex of patients in the community had increased (P3);
- **Diagnostic** – May's QRMC would receive a deep dive on behalf of the Board re endoscopy, radiology, and non-obstetric ultrasound;
- **Cancer** - challenged month at the height of the pandemic. Significant increases in breast two-week-wait referrals had been seen. The Board was assured that NBT was delivering to the 28-day standard and the pathway was being reviewed;
- **Endoscopy** – It was recognised that the system's capacity was restrained with more to be done to expand capacity across the system and improve safety netting.

John Everitt noted that through there were issues, comparative Trust data was required to give a true measure of NBT's performance in addition to absolute numbers.

Helen Blanchard highlighted the key Quality elements of the IPR, and Chris Burton reported on the Infection Prevention & Control (IPC) elements as follows:

- **Maternity** – A safety dashboard (stemming from Ockenden) was presented within the IPR. The dashboard was at an iterative stage and had been created to provide the Board with appropriate assurance. Maternity issues were discussed at length at March's QRMC where the Committee had offered support to the Maternity Team to achieve the multiple improvement action logs and regulatory requirements. No new Serious Incidents had occurred;
- **IPC** – There had been no hospital acquired Covid-19 cases since 27 February. This was a significant improvement compared to the previous month and all patient and staff outbreaks reported previously had been closed;

- **C-diff** – Two issues contributed to the high C-Diff numbers: Increased use of antibiotics due to managing complications from Covid-19; and late sampling (if later than 2 days, the infection is deemed as ‘hospital acquired’ rather than ‘community acquired’). The Board was reassured that following the pandemic and the decrease in pressure on staff, promptness of screening would be an IPC focus.

Glyn Howells, Chief Finance Officer, noted the key finance points would be discussed within the finance report item later in the agenda.

RESOLVED that the Board:

- **Noted the contents of March’s IPR and the key points detailed above;**
- **Approved the Provider Licence Compliance Statements.**

TB/21/03/12

Green Plan 2021/22

Simon Wood presented the 2021/22 Green Plan and highlighted four key points:

- A Carbon Route Map for the Trust to achieve its Carbon-Neutral aim would be developed by a specialist, international company with offices in Bristol. The company was also working with Bristol City Council. An update on the Road Map would be provided to Board in September 2021;
- The previous Sustainable Engagement Programme would be re-launched to help assist culture change;
- TMT had approved the role of the sustainability advocate to be situated within divisions (job role attached);
- NBT was taking part in a No-Mo May which meant leaving grass long for butterflies and bugs to thrive.

John Everitt raised concern that the plan required significant resource to implement. Simon Wood agreed the Green Plan would require significant capital and revenue investment across the following decade with each element requiring a business case to be approved.

Richard Gaunt queried if NBT’s Green Plan had been triangulated with what other Trusts were doing nationally. Simon Wood responded that Sustainable Development (SD) teams were engaged across the country including via a national SD Group, within which NBT would continue to work and lead to identify priorities and best practice.

Michele Romaine queried the impact of the pandemic and resulting plastic waste on the SD ambition. It was responded that the Trust’s sustainability was positive overall as less energy resource had been used and less travel had occurred during the pandemic. It was however recognised that clinical waste had increased dramatically across the country and at the Trust. NBT would continue to ensure waste was streamed correctly.

RESOLVED that the Board approved the 2021/22 Green Plan work areas.

TB/21/03/13 Finance Month 11 Report

Glyn Howells, Chief Finance Officer, presented the Month 11 Finance Report. It was reported that the previously outstanding £1.5m capital had now been paid to NBT from the national team and the Trust had broken even and received all funding owed for the first half of 2020/21.

Regarding the second half of 2020/21, NBT was paid under block arrangement and underfunded on certain other income. NBT was on-track to break even with close to a 200% spend on capital compared to what was originally expected. £2m CIP had been delivered.

Following a query from Richard Gaunt, Glyn confirmed that the position was to break-even and any unspent money would be required to be sent back to the centre as no surplus was allowed.

RESOLVED that Trust Board noted:

- **the revised financial framework that the Trust was operating in;**
- **the spend and recovery for Covid-19 response and Nightingale in relation to the revised framework;**
- **the spend and income for Core Trust services in relation to both revised framework and annual plan; and**
- **the cash position of the Trust.**

TB/21/03/14 HSE inspection update – summary of actions and progress

Simon Wood presented the HSE inspection update to provide assurance on actions. It was noted that the most complicated area for action was regarding changing facilities which had been re-risk-assessed, and staff had been encouraged to use facilities across the Trust. However, it was noted that popular changing facilities were still busy at peak shift-change times.

It was reported that due to the build-up of supplies stored in corridors etc., it had been agreed that NBT would rent off-site storage space for resources not required on a day-to-day basis. The hospital would be de-cluttered immediately with divisional involvement to ensure appropriate daily-use supplies were kept on-site where required. It was also suggested on-site storage may need to be built in the future.

RESOLVED that the Board noted the actions taken against the HSE Notice of Contravention to the Trust; received the HSE report on the 17 hospitals inspected; and noted the need for additional storage to ensure smooth-running of the hospital.

TB/21/03/15 Quality & Risk Management Committee Upward Report

Professor John Iredale presented the QRMC upward report and associated appendices. The QRMC meeting had had a considerable focus on maternity and the Patient Safety Programme was noted as an exciting piece of work. QRMC was also assured on behalf of the Board

regarding NBT's Cancer Safe-To-Wait process and approach to the Serious Incident: Care Home outbreak.

RESOLVED that the Board:

- **Noted the ongoing work regarding maternity services and the completed Maternity Assurance Assessment Tool which completed an Ockenden action;**
- **Noted the final, positive, CQC Gynaecology inspection report;**
- **Approved the QRMC Terms of Reference (following addition of Control of Infection Committee as a sub-committee).**

TB/21/03/16 People Committee Upward Report including safe staffing update

Tim Gregory presented the People Committee Upward report. He noted the encouraging work carried out despite challenges from Covid-19. The People Committee would continue to closely monitor recovery and staffing trends on behalf of the Board.

RESOLVED that the People Committee upward report and recommendations were noted. Kathryn Holder, Guardian of Safe Junior Doctor Working, was thanked for her excellent work as she would shortly be stepping down from the role.

TB/21/03/17 Board Assurance Framework

Xavier Bell presented the Board Assurance Framework (BAF). The BAF was brought to Public Trust Board to ensure transparency of key risks; It was noted Patient Experience and Safety continued to be the highest risk.

Glyn Howells clarified there was no financial risk included on the risk register because the cash flow risk was not high enough to meet the BAF criteria as the Trust had sufficient funds to cover any shortfall.

RESOLVED that the Board noted the Board Assurance Framework.

TB/21/03/18 Healthier Together update report

RESOLVED that the Healthier Together update was noted for information with a detailed conversation regarding the ICS and system MoU scheduled for the Private Board session.

TB/21/03/19 Any Other Business – None

TB/21/03/20 Questions from the public – None received

TB/21/03/21 Date of Next Meeting

The next Board meeting in public is scheduled to take place on Thursday 27 May 2021, 10.00 a.m. The Board will meet virtually, and a recording of the meeting will be available for two months when it will be replaced with the next meeting's recording. Trust Board papers will be published on the website and interested members of the public are invited to submit questions in line with the Trust's normal processes.

The meeting concluded at 12.40 pm